

... in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Sila

District of Hayden

Town of Hayden

or

City of Hayden

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 156

County Registrar No. _____

Local Registrar No. 59

2. Full name of child Olga Sandoral

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Sept 18 1928
Month day year

3. FATHER Full name Francisco Sandoral 14. MOTHER Full maiden name Juana Lujan
9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 29 (Years) 16. Color or race Mexican 17. Age at last birthday 26 (Years)
12. Birthplace (city or place) Guajajara 18. Birthplace (city or place) Catolca
(State or country) Chihuahua Mex (State or country) Chihuahua Mex
13. Occupation Laborer 19. Occupation Laborer
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3:35 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Signature Charles R. Hunt (Physician or midwife)
Address Hayden, Ariz. Mex
Month, day, year. _____ Filed Sept 20, 1928 Local Registrar. _____

Registrar. _____

Filed _____ 19 _____

County Registrar. _____

623-918-135